

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1296

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. 49-009680 | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Chelms Hosp.</i> | | | | d. STREET ADDRESS (If rural, give location) Route # 1 Box 452 | | | |
| 3. NAME OF DECEASED (Type or Print) Darlene Janet Busken | | | | 4. DATE OF DEATH (Month) (Day) (Year) 2-10-49 | | | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH 1-29-49 | |
| 9. AGE (In years last birthday) 0 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Cyril H. Busken | | | | 13b. MOTHER'S MAIDEN NAME Marcella Eggert | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Cyril H. Busken, Florissant, Missouri. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Atresia of esophagus; tracheo-esophageal fistula</i> INTERVAL BETWEEN ONSET AND DEATH 13 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1578 7502 | | | |
| 19a. DATE OF OPERATION 2-7-49 | | 19b. MAJOR FINDINGS OF OPERATION <i>Atresia of esophagus; tracheo-esophageal fistula</i> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from 2-3-1949, to 2-10-1949, that I last saw the deceased alive on 2-10-1949, and that death occurred at 8:45 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>Dr. J. Carson</i> | | | | 23b. ADDRESS 500 So. Kingshighway | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2-12-49 | | 24c. NAME OF CEMETERY OR CREMATORY Sacred Heart | | 24d. LOCATION (City, town, or county) (State) Florissant, Missouri | |
| DATE REC'D BY LOCAL REG. FEB 10 1949 | | REGISTRAR'S SIGNATURE <i>J. B. Laster</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ferguson, Missouri. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed L. M. White

Signed _____
Student Embalmer

Licensed Embalmer No. 3973

P. O. Address Herguson Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.